



INDIVIDUAL RESPONSIBILITY PLAN (IRP)
TRAINING:
VOCATIONAL EDUCATION (VE or VU)

I will participate in Vocational Education training from the provider listed below, at the address listed below for the time frame listed below. I will attend all scheduled classes, complete all required assignments, and participate to the best of my ability. I understand that I must also meet the employment or internship/practicum requirements listed below. If I cannot attend class, I will call the contact person listed below at the number listed below on or before the same day and explain why I cannot come in. I understand that if I do not call in on the same day, it will be considered an unexcused absence and may result in sanction. I have adequate child care and transportation for my employment and I understand what child care and transportation is available to me for class time. My case manager and I will review this IRP again on the date listed below.

☐ I am getting the training from a community or technical college, so I am also required to turn in weekly attendance sheets to the college and meet quarterly with my WorkFirst college coordinator to review my grades and progress in the class.

I will participate ☐ Full-time ☐ 3/4 time ☐ Half-time ☐ Quarter time

Provider: _____

Address: _____

Begin and end date of services: _____

Contact name: _____

Phone number: _____

I must also do _____ hours per week of ☐ employment. ☐ internship/practicum.

Date of next IRP review: _____